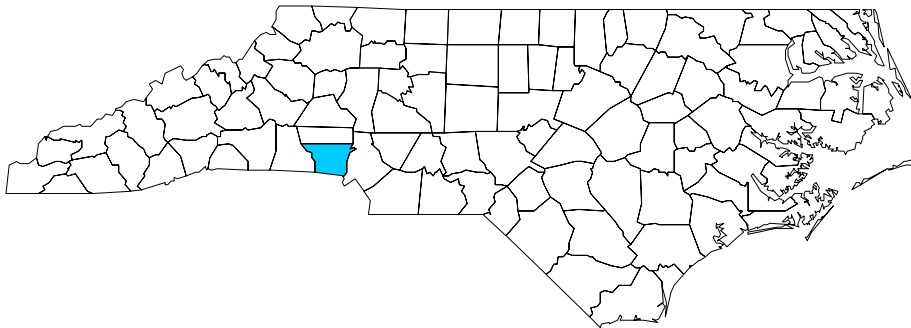




# Aging Study of Gaston County



April 1, 2008

North Carolina Department of Health and Human Services  
Division of Aging and Adult Services



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## Legislative Request

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Section 1 of S.L. 2007-355 directed the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), to work with the Division of Health Service Regulation; Division of Medical Assistance; Division of Public Health; and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to study programs and services for older adults in Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover counties. These counties currently have, or are projected to have by 2030, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In conducting the study, the Division was directed to utilize existing data and resources and to include the Area Agencies on Aging serving each county studied. For each of the six counties, the Division was to include:

1. A profile of the current older adult population.
2. A profile of the projected growth for the older adult population.
3. An assessment of the anticipated impact on programs and services that address the needs of the older adult population.
4. Identification of programs and services that are currently in place.
5. Identification of programs and services that are needed to meet the growth projections.
6. Current funding sources for programs and services serving the older adult population.
7. Anticipated funding needs for programs and services serving the older adult population.
8. A delineation of the programs and services that are shared or offered jointly with another county.

The General Assembly further directed DAAS to make an interim report on the study to the North Carolina Study Commission on Aging on or before November 1, 2007, which was done. A final report of the findings and recommendations is due on or before April 1, 2008, to the 2008 Regular Session of the 2007 General Assembly, the NC Study Commission on Aging, and to the Board of County Commissioners of each county studied.

In addition, S.L. 2007-355 directed DAAS to offer recommendations for a comprehensive, statewide study after examining what other states have done. DAAS submitted its report on this to the General Assembly in January and presented recommendations to the Study Commission on Aging at its first meeting in 2008. This report of recommendations for a statewide study is available on the DAAS website at <http://www.ncdhhs.gov/aging/demographic/agingstudy.htm>.

## Approach

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In undertaking this study, the Division of Aging and Adult Services (DAAS) followed the instructions given by the General Assembly in profiling each of the six counties. North Carolina's older population is not only increasing but is truly diverse. To reflect the diversity of North Carolina's communities and the needs of its older adults, the livable and senior-friendly concept was utilized to frame a number of tables and charts in this study. The livable and senior-friendly community initiative provides a very practical, tested framework to enable places in North Carolina, regardless of their size, to respond to the changing and unique needs, wants, and assets of their older population as well as to accommodate residents of all ages.

The profile of the current older adult population and their projected growth was pulled from existing data that DAAS regularly maintains for the purposes of local, regional and state planning. DAAS has produced charts and tables showing population growth, including projections between 2000 and 2030 utilizing current U.S. Census information. In addition, DAAS consulted with Dr. Jim Mitchell and Dr. Don Bradley of East Carolina University to examine the demographic changes in coastal counties and communities, and in particular, what is known about the dynamics of aging migration and its effect on attempting to meet the needs and interests of both aged immigrants and "natives." North Carolina has a number of experts in Gerontology whose contribution to the larger study envisioned by the General Assembly in Section 2 of S.L. 2007-355 (S.B. 448) would be invaluable.

In order to identify programs currently available, funding sources, as well as, projected future needs, DAAS used several existing resources to begin framing part of the profile, including the (1) *County Aging Profiles*- <http://www.ncdhhs.gov/aging/cprofile/cprofile.htm>; (2) *County Data Packages*- <http://www.ncdhhs.gov/aging/expenddata.htm>; and (3) *Inventory of State Resources for Older Adults*- [http://www.ncdhhs.gov/aging/stplan/NC\\_Aging\\_Services\\_Plan\\_2007.pdf](http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf).

DAAS worked closely with each Area Agency on Aging (AAA) serving the six study counties to assess priority concerns. The AAAs used assessment tools that are part of the *2008-2012 Area Plans on Aging*. AAAs also identified local surveys and plans that have been completed and are relevant to assessing available and needed programs and services.

In addition, DAAS requested relevant information and views from all appropriate DHHS divisions (i.e., Division of Medical Assistance; Division of Public Health; Division of Social Services; Division of Health Service Regulation; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Vocational Rehabilitation; Division of Services for the Blind; Division of Deaf and Hard of Hearing; etc.) about the availability and adequacy of programs and services for each county being studied. These agencies also provided information on special initiatives relative to these counties.

## Executive Summary

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Gaston County already exceeds the North Carolina proportion of adults who are age 60 and older (60+) and this will continue through 2030. The demography of the 60+ population is similar to that of the state as a whole, especially as it relates to growth rates and diversity.

Gaston County has a variety of home and community-based services available and also is undertaking Evidenced-Based Health Promotion Programs and Safety and Security initiatives. The Community Alternatives Program for Disabled Adults (CAP/DA) makes effective use of its slot allocation but has a waiting list of 58 individuals and receives approximately 16 referrals a month.

The Division of Health Service Regulation determined in the 2008 State Medical Facilities Plan that there was no need for additional adult care home beds, nursing home beds, Medicare-certified home health agencies, or hospice home care agencies. There was a need determined for seven inpatient hospice beds.

In planning and preparing for the aging population and assuring that Gaston County is a livable and senior-friendly community for all ages, particular consideration should be given to housing, transportation, health care, improving access, and choice in services and supports.

It is critical that counties evaluate their readiness for a growing older population by evaluating their current needs and services as well as anticipate future needs. There are currently no active aging planning activities going on in the county. The Division of Aging and Adult Services encourages the development of Aging Leadership Planning Teams. Aging Leadership Planning Teams are citizen-driven and broadly focused planning teams at the county level. They utilize the livable and senior-friendly community framework to plan for culture and systems changes in the community to promote independence, dignity, and choice for older adults.

## Demographics and Projected Growth

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The State of North Carolina is on the verge of a dramatic demographic transformation due largely to the anticipated aging of the baby boomers (those born between 1946 and 1964). Today, the proportion of the state's population who are seniors, ages 65 and older, is roughly 12 percent. By 2030, when the youngest baby boomers are retirement age, the proportion should reach 17.7 percent or 2.1 million older North Carolinians including the surviving boomers who will be between ages 66 and 84.

During the same time Gaston County will experience a larger percentage growth than that of the state. The current population 2005 census estimate for residents 60 and older is 33,681. This is expected to grow to 56,125 by 2030, a 66.6% increase. Gaston County's projected growth is below the state figure (97.4%) for 2005-2030.

Figures and tables in this section:

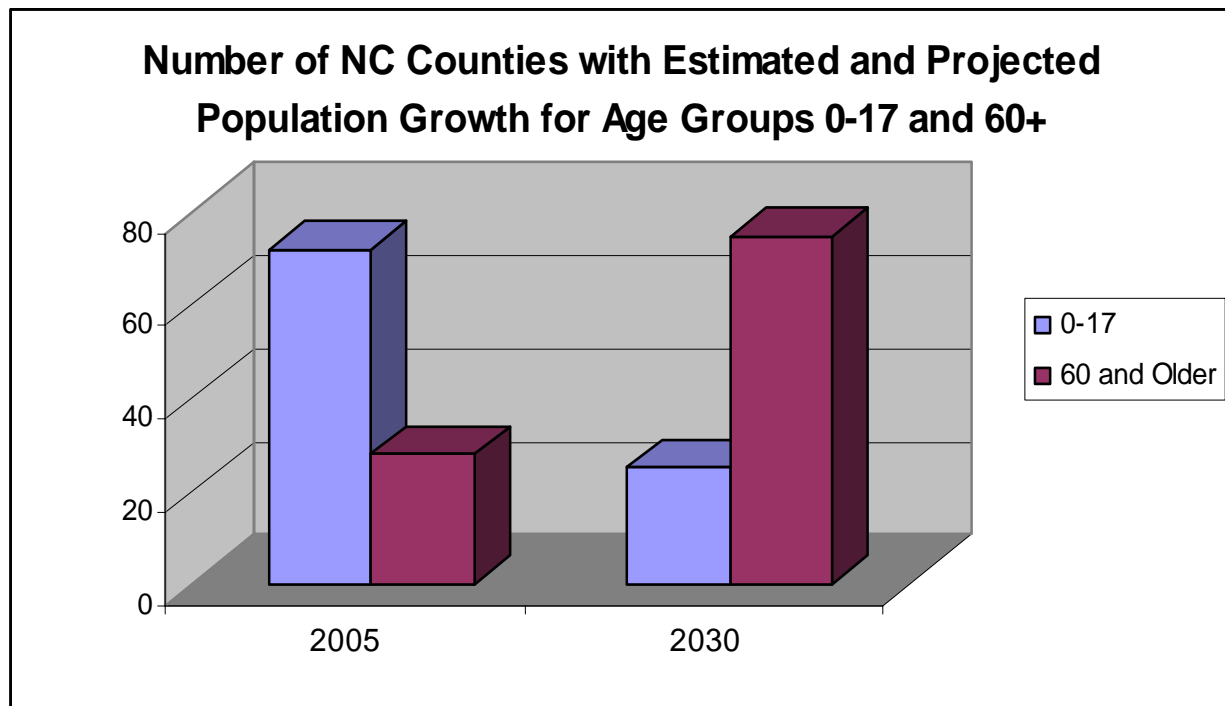
1. Comparison of Estimated and Projected Population Growth (Groups 0-17 and 60+) between 2005-2030
2. Number of NC Counties with Estimated and Projected Population Growth for Age Groups 0-17 and 60+
3. Gaston County Projections (2005-2030)
4. Gaston County and State Projections (2005-2030)
5. 2008 County Profiles of Persons Age 60 and Older
6. 2008 County Profiles of Percentage of Persons Age 60 and Older
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8. Gaston County Profile
9. Demographics of Older Adults Who Have Vision Loss in Gaston County
10. 2002-2006 Ten Leading Causes of Death for Older Adults Age 65 and Older

## Comparison of Estimated and Projected Population Growth for Age Groups 0-17 and 60+ Between 2005-2030

Counties in Bold are those where the population 60+ is greater than 0-17

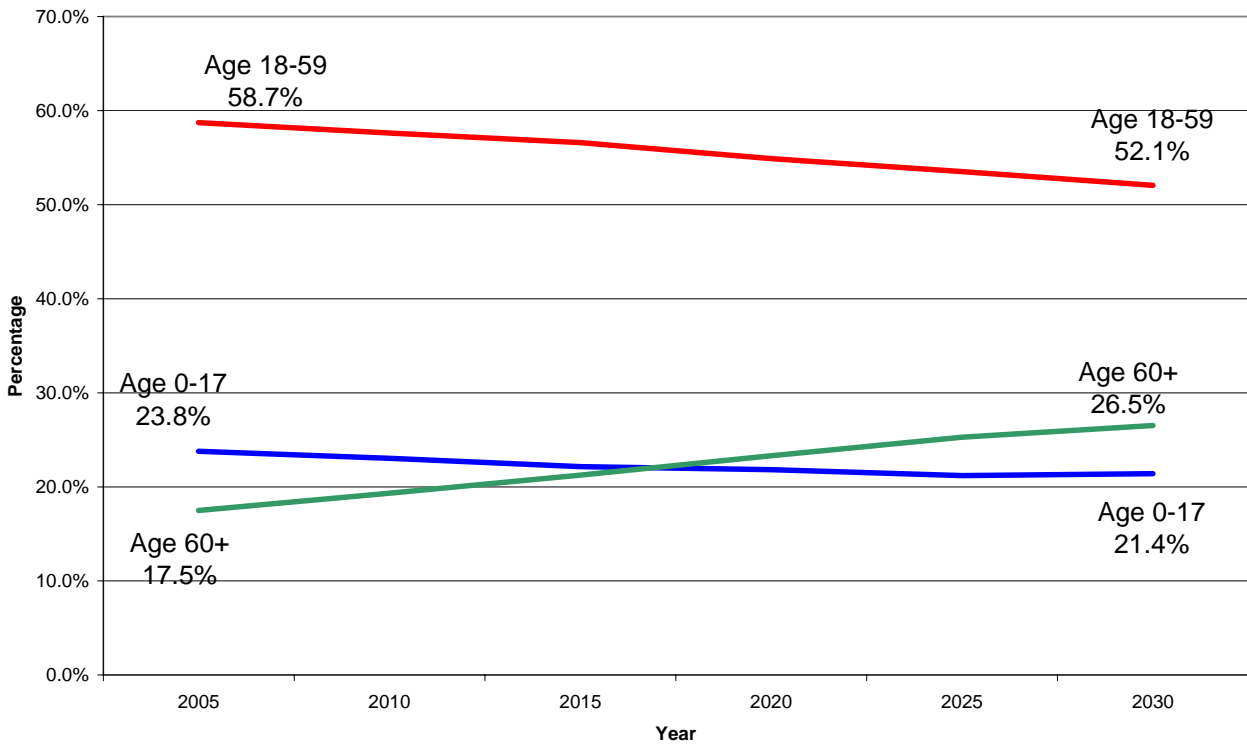
County/State	2005		County/State	2030	
	0-17	60+		0-17	60+
<b>Brunswick</b>	17,729	22,239	<b>Brunswick</b>	26,998	47,864
Buncombe	46,360	43,824	<b>Buncombe</b>	55,919	78,806
<b>Gaston</b>	45,837	33,681	<b>Gaston</b>	45,279	56,125
<b>Henderson</b>	20,068	26,581	<b>Henderson</b>	29,485	46,035
<b>Moore</b>	16,600	22,046	<b>Moore</b>	22,297	37,880
New Hanover	36,429	31,859	<b>New Hanover</b>	46,701	68,883
North Carolina	2,091,889	1,424,450	<b>North Carolina</b>	2,760,896	2,811,519

Data retrieved from North Carolina State Data Center Website on 06/14/2006



Data retrieved from North Carolina State Data Center Website on 6/14/2006

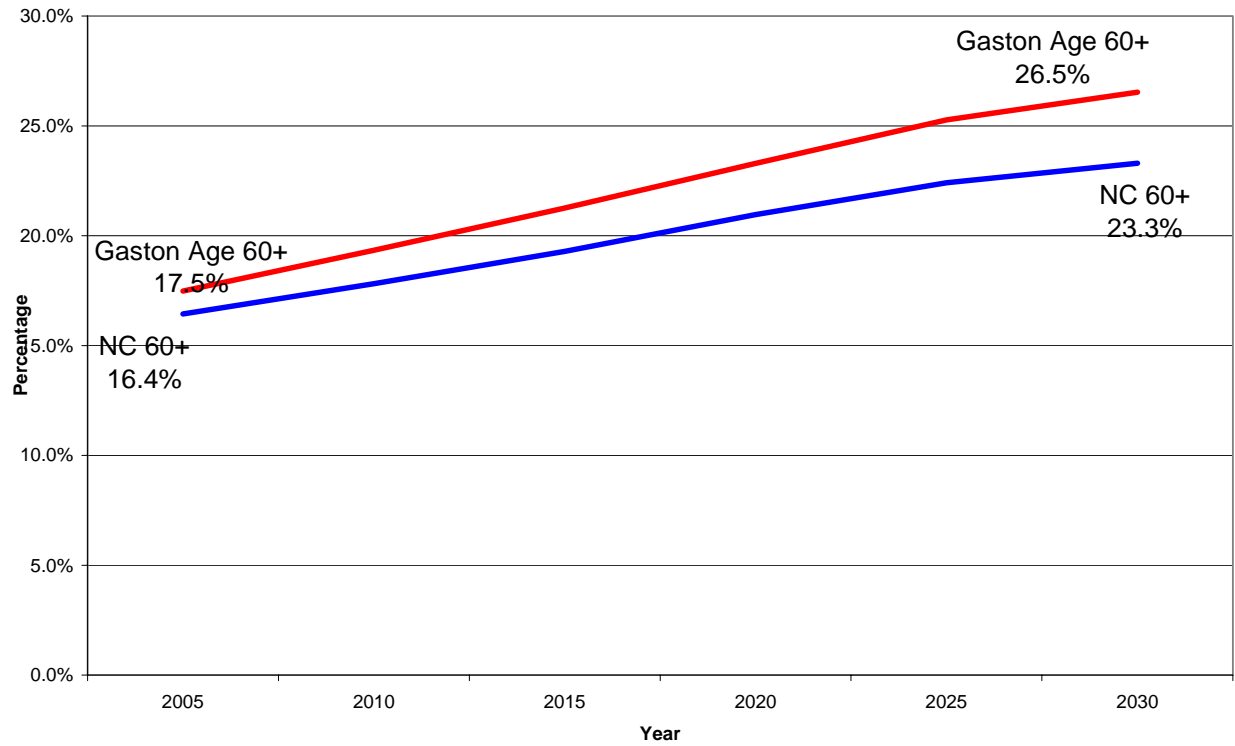
### Gaston County Projections



In Gaston County, the population of adults age 60 and older (60+) is less than age groups 0 to 17. The gap is projected to close by 2017. By 2030 the 60+ population will be 26.5% of the total population of the county, greater than the population 0 to 17.



### Gaston County and State Population Projections 60+



Gaston County exceeds the North Carolina proportion of its population who are 60+. This trend will continue through 2030.

### 2008 County Profiles of Persons Age 60 and Older

COUNTY	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
BRUNSWICK	25,194	2,145	2,178	16,734	185	53	2,147	11,363
BUNCOMBE	46,022	4,634	2,825	13,436	284	56	5,033	24,159
GASTON	35,821	4,045	3,805	7,955	430	47	3,849	17,846
HENDERSON	27,969	2,280	662	13,103	54	19	2,763	15,631
MOORE	23,280	2,239	2,264	13,736	218	52	2,606	13,136
NEW HANOVER	35,436	3,136	4,683	1,602	414	49	3,562	17,296
N.C.	1,517,309	188,193	271,249	660,337	37,671	9,559	170,879	752,782

### 2008 County Profiles of Percentage of Persons Age 60 and Older

COUNTY	% of 60+ Poor*	% of 60+ Minority*	% of 60+ Rural*	% of 60+ Poor Minority*	% 60+ Native Americans**	% of 60+ Severe Disabilities***	% of 60+, who are 70+*
BRUNSWICK	8.5	8.6	66.4	0.7	0.2	8.5	45.1
BUNCOMBE	10.1	6.1	29.2	0.6	0.1	10.9	52.5
GASTON	11.3	10.6	22.2	1.2	0.1	10.7	49.8
HENDERSON	8.2	2.4	46.8	0.2	0.1	9.9	55.9
MOORE	9.6	9.7	59.0	0.9	0.2	11.2	56.4
NEW HANOVER	8.8	13.2	4.5	1.2	0.1	10.1	48.8
N.C.	12.4	17.9	43.5	1.2	0.6	11.3	49.6

Sources of information

\*NC Division of Aging and Adult Services (2007) SFY 07-08 Funding Formula Factors

\*\* 2000 Census Summary File 1 PCT12C

\*\*\* Estimated from information on 60+ above and 2000 Census Summary File 3P41; Adults age 65 and older with self-care disability

In Gaston County, about 22.2% of those age 60 and older (60+) live in the rural areas as compared to 43.5% of seniors the state. The county has a lower percent of those 60+ who are minority compared to the state. The rate of growth for the 70+ population (49.8%) closely mirrors that of the state (49.6%).

### Projected Increase in Population Age 60 and Older (2008-2012)

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County	(Base Year)	#	%	#	%	#	%	#	%	Population
Brunswick	28,540	1,621	5.7%	2,922	10.2%	3,927	13.8%	5,173	18.1%	33,713
Buncombe	48,324	1,412	2.9%	2,769	5.7%	4,058	8.4%	5,607	11.6%	53,931
Gaston	37,751	1,016	2.7%	2,022	5.4%	2,950	7.8%	3,998	10.6%	41,749
Henderson	29,193	820	2.8%	1,614	5.5%	2,250	7.7%	2,987	10.2%	32,180
Moore	24,176	630	2.6%	1,211	5.0%	1,687	7.0%	2,264	9.4%	26,440
New Hanover	36,937	1,666	4.5%	3,042	8.2%	4,419	12.0%	5,967	16.2%	42,904
<b>North Carolina</b>	<b>1,583,636</b>	<b>50,576</b>	<b>2.81%</b>	<b>100,684</b>	<b>5.57%</b>	<b>147,881</b>	<b>8.15%</b>	<b>202,069</b>	<b>11.13%</b>	<b>1,785,705</b>

SOURCE: NC State Data Center

Gaston County is already seeing the impact of the growing older adult population. By the year 2012, the older adult population 60+ will increase by 10.6% as compared to 11.13% statewide. This is just the beginning of dramatic growth, as the oldest of the baby boomers became 60 in 2006 and the youngest become 60 in 2024.

# Gaston County Profile

The Gaston County profile gives a snapshot of the demographics and livable and senior-friendly components. 50% of adults age 65 and older in the community have no disabilities, a slightly lower percent than is true statewide.

## Demographics of Aging

	<u>County</u>	<u>NC</u>
Total population, 2006 <sup>i</sup>	197,232	8,860,341
Projected total population, 2020 <sup>ii</sup>	216,097	10,850,228
Population age 60+, 2006 <sup>iii</sup>	34,886	1,469,689
Population age 85+, 2006 <sup>iii</sup>	2,945	132,412
Baby boomers (as % of total population), 2006	31.1%	29.7%
Rural population for all ages (as % of total population), 2000 <sup>iv</sup>	22.2%	39.8%
Persons age 65+ without HS diploma (as % of age group), 2000 <sup>v</sup>	52.2%	41.6%
Persons age 45-64 without HS diploma (as % of age group), 2000 <sup>v</sup>	26.2%	19.9%
Persons age 65+ with graduate school education (as % of age group), 2000	3.0%	5.5%
Persons age 45-64 with graduate school education (as % of age group), 2000	4.9%	8.8%
Persons age 65+ with limited or no English (as % of age group), 2000 <sup>vi</sup>	0.3%	0.5%
Grandparents raising grandchildren age less than 18, 2000 <sup>vii</sup>	2,464	79,810
Veterans age 65+ (as % of age group), 2000 <sup>viii</sup>	27.3%	26.8%

## Distribution of Region's Total

<b>Population by Age<sup>i, ii</sup></b>	<u>Age 0-17</u> (%)		<u>Age 18-49</u> (%)		<u>Age 50-64</u> (%)		<u>Age 65-84</u> (%)		<u>Age 85+</u> (%)	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Age groups, 2006	23.9	24.2	44.8	46.4	18.6	17.4	11.3	10.5	1.5	1.5
Age group projection for 2030	21.7	23.2	39.4	42.0	18.8	17.2	17.8	15.5	2.4	2.1
Projected age group growth, 2006-2030	3.9	32.5	0.2	25.2	15.2	37.4	79.7	105.1	82.6	96.1

## Distribution by Race/Hispanic Origin<sup>ix</sup>

	<u>White</u> (%)		<u>African American</u> (%)		<u>Native American</u> (%)		<u>Asian</u> (%)		<u>Hispanic/Latino</u> (%)	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Population age 60+ (as % of age group), 2000	89.7	82.0	9.3	16.0	0.1	0.7	0.3	0.5	0.5	0.7
Population age 45-59 (as % of age group), 2000	86.3	77.2	11.4	18.9	0.3	1.1	0.7	1.2	1.3	1.7

## Healthy Aging

### Professionals Shortage Areas\*Health

Whole county designated as Primary Medical Care Shortage Area as of June, 2006

Whole county designated as Dental Care Shortage Area as of June, 2006

### Status

No

No

	<u>County</u>	<u>NC</u>
Persons age 65+ in community with 0 disabilities* (as % of age group), 2000 <sup>xi</sup>	50.4%	54.3%
Persons age 65+ in community with 1 disability* (as % of age group), 2000	21.4%	20.6%
Persons age 65+ in community with 2 or more disabilities* (as % of age group), 2000	28.2%	25.1%

\* The US Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering."

Medicare beneficiaries immunized for influenza, 2000 <sup>xii</sup>	44.2%	43.5%
Persons age 65+ living alone (as % of age group), 2000 <sup>xiii</sup>	27.6%	28.3%

## Long-term Care and Aging

	<u>County</u>	<u>NC</u>
Men age 65+ in nursing homes, 2000 <sup>xiv</sup>	316	11,207
Women age 65+ in nursing homes, 2000	1,174	33,630
Persons age 65+ in nursing homes per 1000, 1999 <sup>xv</sup>	42.2	42.2
Persons age 65+ in adult care homes per 1000, 1999	32.9	36.5
CAP/DA* clients age 18+ per 1000 Medicaid eligibles, 1999	16.3	36.0
PCS** clients age 18+ per 1000 Medicaid eligibles, 1999	27.8	57.7
Adult day care/health clients age 60+ served per 1000, 1999	0.6	1.0
In-home*** aides clients, age 60+ per 1000, 1999	10.5	9.9

\*Medicaid Community Alternatives Program for Disabled Adults \*\*Medicaid Personal Care Services \*\*\*Home and Community Care Block Grant (HCCBG) and Social Services Block Grant (SSBG)

Medicaid-eligible persons age 65+, SFY 2007 <sup>xvi</sup>	4,706	180,092
Total Medicaid expenditures for persons age 65+, SFY 2007	\$35,008,433	\$1,418,991,691
Per Capita Medicaid expenditures for persons age 65+, SFY 2007	\$7,439	\$7,879
The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health, and PCS) for every \$100 spent in nursing homes for clients age 60+, SFY 2006 <sup>xvii</sup>	\$24.2	\$46.9
Special Assistance (SA) expenditures for persons age 60+ in adult care homes, SFY 2006	\$2,438,538	\$70,999,119
Number of clients 60+ receiving SA in adult care homes, SFY 2006	725	18,056
Per Capita SA expenditures for 60+ in adult care homes, SFY 2006	\$3,364	\$3,932

## Economic Security

County in Charlotte-Gastonia-Concord NC-SC Metropolitan Statistical Area<sup>xviii</sup>

	<u>County</u>	<u>NC</u>
Median household income for age group 55-64, 1999 <sup>xix</sup>	\$40,770	\$42,250
Median household income for age group 65-74, 1999 <sup>xix</sup>	\$24,564	\$28,521
Median household income for age group 75+, 1999	\$18,750	\$19,303

	<u>Age 55-64</u> (%)		<u>Age 65-74</u> (%)		<u>Age 75+</u> (%)	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Persons below poverty (as % of age group), 1999 <sup>xx</sup>	9.9	9.5	9.5	10.5	13.2	16.9
Persons at 100-199% of poverty (as % of age group), 1999	12.9	12.9	25.3	20.4	31.9	27.1

	<u>County</u>	<u>NC</u>
Total Social Security (SS) benefits for age 65+, December 2006 <sup>xxi</sup>	\$25.2 million	\$1,031million
SS beneficiaries age 65+ (as % of age group), December 2006 <sup>xxii</sup>	96.6%	97.0%
Average SS amount received by beneficiaries age 65+, December 2006 <sup>xxi,xxii</sup>	\$1,036	\$1,003
Medicare Part A enrollees age 65+ (as % of all enrollees), 2000 <sup>xxiii</sup>	76.2%	77.0%
Medicare/Medicaid dually eligible persons age 65+, 2001 <sup>xxiv</sup>	3,493	140,535
Persons age 45-59 in labor force* (as % of total labor force), 2000 <sup>xxv</sup>	29.1%	27.7%
Persons age 60-64 in labor force* (as % of total labor force), 2000	3.8%	3.6%
Persons age 65+ in labor force* (as % of total labor force), 2000	3.6%	3.5%
Persons age 65+ In labor force* (as % of age group), 2000	14.4%	14.4%
Unemployed persons seeking work age 65+ (as % of population age 65+ in labor force*), 2000	4.7%	8.3%

\*Include both employed and job seekers

## Senior-Friendly Communities

### Counties in Charlotte Ozone Forecast Region<sup>xxvi</sup>

Number of Code Orange (unhealthy for sensitive groups) days in 2006	17
Number of Code Red (unhealthy for all) days in 2006	0

	<u>County</u>		<u>NC</u>			
Homeowners age 45-64 (as % of age group), 2000 <sup>xxvii</sup>	77.8%		80.3%			
Homeowners age 65+ (as % of age group), 2000	81.5%		82.0%			
Households with persons age 60+ and without complete plumbing, 2000 <sup>xxviii</sup>	181		8184			
Home-delivered meals served to persons age 60+ per 1000, 1999	10.2		29.9			
Food Stamp clients age 60+, SFY 2006 <sup>xxix</sup>	1,920		92,078			
Total Food Stamp expenditures for clients age 60+, SFY 2006 <sup>xxix</sup>	\$1,374,853		\$63,572,835			
Monthly Food Stamp expenditure per client age 60+, SFY 2006	\$60		\$58			
Householder age 55-64 without car (as % of age group), 2000 <sup>xxx</sup>	5.1%		6.0%			
Householder age 65-74 without car (as % of age group), 2000 <sup>xxx</sup>	7.2%		9.0%			
Householder age 75+ without car (as % of age group), 2000	17.5%		21.3%			
	<u>Age 18-44</u> (%)		<u>Age 45-64</u> (%)		<u>Age 65+</u> (%)	
	<u>County</u> <u>NC</u>		<u>County</u> <u>NC</u>		<u>County</u> <u>NC</u>	
Persons providing regular care for adults age 60+ (as % of age group), 2006 * <sup>xxxi</sup>	11.3	9.3	14.2	19.0	27.9	18.0

**Demographics of Older Adults Who Have Vision Loss in Gaston County According to the Register for the Blind: 689 individuals of all ages**

Gender	Visually Impaired	Visually Impaired	Blind	Blind	Unknown Age	Totals
	55-65	65 +	55-64	65 +		
Male	9	46	31	100	0	186
Female	7	86	22	137	3	255
Total	16	132	53	237	3	441

Source: Division of Services for the Blind, December 2007

The State of North Carolina established a system of reporting blindness to the Department of Health and Human Services in accordance with General Statutes. The Register for the Blind describes the conditions and causes of blindness and related information. Of those residents who are blind or visually impaired in Gaston County, 64% are over the age 55. This does not include the three reported individuals with unknown age.

**2002-2006 Ten Leading Causes of Death For Older Adults ages 65 & Over**  
**By County of Residence and Age Group**  
**Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population**

<b>Gaston County</b>			<b># OF DEATHS</b>	<b>DEATH RATE</b>	<b>North Carolina</b>			<b># OF DEATHS</b>	<b>DEATH RATE</b>
<b>AGE GROUP:</b>	<b>RANK</b>	<b>CAUSE OF DEATH:</b>			<b>RANK</b>	<b>CAUSE OF DEATH:</b>			
<b>65-84 YEARS</b>	<b>1</b>	<b>Diseases of the heart</b>	1,218	1120.8	<b>1</b>	<b>Cancer - All Sites</b>	45,328	1009.3	
	<b>2</b>	<b>Cancer - All Sites</b>	1,208	1111.6	<b>2</b>	<b>Diseases of the heart</b>	42,408	944.3	
	<b>3</b>	<b>Chronic lower respiratory diseases</b>	394	362.6	<b>3</b>	<b>Chronic lower respiratory diseases</b>	12,540	279.2	
	<b>4</b>	<b>Cerebrovascular disease</b>	262	241.1	<b>4</b>	<b>Cerebrovascular disease</b>	11,799	262.7	
	<b>5</b>	<b>Diabetes mellitus</b>	140	128.8	<b>5</b>	<b>Diabetes mellitus</b>	6,011	133.8	
	<b>6</b>	<b>Pneumonia &amp; influenza</b>	117	107.7	<b>6</b>	<b>Alzheimer's disease</b>	4,581	102.3	
	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	96	88.3	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	3,865	86.1	
	<b>8</b>	<b>Alzheimer's disease</b>	90	82.8	<b>8</b>	<b>Pneumonia &amp; influenza</b>	3,780	84.2	
	<b>9</b>	<b>Septicemia</b>	82	75.5	<b>9</b>	<b>Septicemia</b>	3,002	66.8	
	<b>10</b>	<b>Other Unintentional injuries</b>	77	70.9	<b>10</b>	<b>Other Unintentional injuries</b>	2,796	62.3	
		<b>TOTAL DEATHS --- ALL CAUSES</b>	4,580	4214.6		<b>TOTAL DEATHS --- ALL CAUSES</b>	168,613	3754.5	
<b>85+ YEARS</b>	<b>1</b>	<b>Diseases of the heart</b>	643	4666.5	<b>1</b>	<b>Diseases of the heart</b>	27,670	4494.3	
	<b>2</b>	<b>Cancer - All Sites</b>	199	1444.2	<b>2</b>	<b>Cancer - All Sites</b>	10,132	1645.7	
	<b>3</b>	<b>Cerebrovascular disease</b>	177	1284.6	<b>3</b>	<b>Cerebrovascular disease</b>	9,322	1514.1	
	<b>4</b>	<b>Alzheimer's disease</b>	147	1066.8	<b>4</b>	<b>Alzheimer's disease</b>	6,263	1017.3	
	<b>5</b>	<b>Pneumonia &amp; influenza</b>	133	965.2	<b>5</b>	<b>Pneumonia &amp; influenza</b>	4,145	673.2	
	<b>6</b>	<b>Chronic lower respiratory diseases</b>	88	638.7	<b>6</b>	<b>Chronic lower respiratory diseases</b>	3,788	615.3	
	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	59	428.2	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	2,132	346.3	
	<b>8</b>	<b>Diabetes mellitus</b>	42	304.8	<b>8</b>	<b>Diabetes mellitus</b>	1,998	324.5	
	<b>9</b>	<b>Other Unintentional injuries</b>	35	254.0	<b>9</b>	<b>Other Unintentional injuries</b>	1,967	319.5	
	<b>10</b>	<b>Septicemia</b>	31	225.0	<b>10</b>	<b>Pneumonitis due to solids &amp; liquids</b>	1,600	259.9	
		<b>TOTAL DEATHS --- ALL CAUSES</b>	2,087	15146.2		<b>TOTAL DEATHS --- ALL CAUSES</b>	91,161	14806.7	

TECHNICAL NOTE: RATES BASED ON SMALL NUMBERS (FEWER THAN 20 CASES) ARE UNSTABLE AND SHOULD BE INTERPRETED WITH CAUTION  
North Carolina County Health Data Book – 2008  
Division of Public Health/State Center for Health Statistics

The top five causes of death for the age groups 65-84 are the same for Gaston County and the state even though heart disease ranks number one in Gaston. The causes are exactly same for the top nine among persons age 85 and older. It is noteworthy that deaths due to pneumonia and influenza for those 65-84 are higher for Gaston County than the state.



## Current Programs and Expenditures

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North Carolina has many programs and services available to older adults throughout the state. Federal, state, and local dollars are used to support a wide continuum of services and supports to meet the various needs of older adults in any given community. The array of services is administered by many divisions and agencies. This complex service delivery system can create a wide variation in the availability of services in each county. Some programs and services may be available, some may not exist, and others may have waiting lists. This section provides information on the current programs offered in Gaston County, the funding sources, eligibility, number of clients served, and if the program is shared or jointly offered with another county. In order to better understand all types of services impacting older adults, DAAS has made available an *Inventory of State Resources for Older Adults* which is an extensive compilation of services and programs administered for older North Carolinians by agencies within state government, and especially among the divisions and offices of the Department of Health and Human Services. The document can be found at [http://www.ncdhhs.gov/aging/stplan/NC\\_Aging\\_Services\\_Plan\\_2007.pdf](http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf)

Figures and tables in this section:

1. Core Indicators for a Livable and Senior-Friendly Community
2. Core Indicators for a Livable and Senior-Friendly Community Descriptions
3. Maturing of America-Town of Stanley Survey Response
4. Gaston County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix
5. Inventory of Home and Community Care Block Grant Providers/Services
6. Gaston County Waiting List of Clients by Service
7. Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)
8. Guardianship Program (State Fiscal Years 2005, 2006, 2007)
9. Inventory of Adult Care Home Beds
10. Inventory of Nursing Home and Hospital Nursing Care Beds
11. Inventory of Hospice Residential Beds
12. Community Alternatives Program for Disabled Adults (CAP/DA)
13. Local Management Entity (LME)

## Core Indicators for a Livable and Senior-Friendly Community

	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
<b>Physical and Accessible Environment</b>						
<i>Walkability Audits</i>						
<b>Healthy Aging</b>						
<i>Chronic Care Program</i>						
<i>EBHP- Chronic Disease Self Management</i>						
<i>EBHP- Arthritis Foundation Exercise Program</i>						
<i>EBHP- Arthritis Foundation Aquatic Program</i>						
<i>Food and Nutrition Services Utilization</i>						
<i>Mobile Dentistry</i>						
<i>PACE</i>						
<i>Vaccination Rates- Influenza</i>						
<i>Vaccination Rates- Pneumonia</i>						
<b>Economic Security</b>						
<i>Benefits Navigator</i>						
<b>Technology</b>						
<i>Assistive Technology Instructors</i>						
<b>Safety and Security</b>						
<i>S.A.F.E. in Long Term Care</i>						
<i>Special Medical Needs Registry</i>						
<i>Victims Assistance Program</i>						
<b>Social and Cultural</b>						
<i>Senior Tar Heel Legislature</i>						
<b>Access/Choice in Services and Supports</b>						
<i>Aging and Disability Resource Connections</i>						
<i>Adult Day Services</i>						
<i>Emphasis on Medicaid Home and Community Care</i>						
<i>Interagency Case Staffing</i>						
<i>Multipurpose Senior Center</i>						
<i>NC NOVA</i>						
<i>Project C.A.R.E.</i>						
<i>Special Assistance In-Home</i>						
<b>Public Accountability and Responsiveness</b>						
<i>Adult Care Home Quality Improvement Program</i>						
<i>Aging Leadership Planning Teams</i>						

The Core Indicators give a snapshot of the components of some of the activities, programs and services that support a livable and senior-friendly community. Gaston County shows a deficit in 14 of the 26 elements listed as core indicators. Its strength appears to be in the areas of Healthy Aging (Evidenced-Based Health Programs, utilization of Food and Nutrition Services, and Immunization rates) and Safety and Security. The Food and Nutrition Services utilization rate for the county is 23.99% which is below the state (30.41%). A description of the core indicators and the explanation of the shading criteria are described below.

# Core Indicators for a Livable and Senior-Friendly Community: Descriptions

## Physical and Accessible Environment

**Walkability Audits:** A walkability audit broadly assesses pedestrian facilities, destinations, and surroundings along and near a walking route and identifies specific improvements that would make the route more attractive and useful to pedestrians. Walkability is an important component to livable and senior-friendly communities.

- **Black:** County has conducted audits within the past two years to assess the walkability of downtown areas, neighborhoods, etc., especially for people with special needs.
- **White:** County has not conducted walkability audit within the past two years.

## Healthy Aging

**Chronic Care Program:** The North Carolina General Assembly directed the N.C. Department of Health and Human Services in 2005 to “expand the scope of Community Care of North Carolina (CCNC) care management model to recipients of Medicaid and dually eligible individuals with chronic conditions and long-term care needs....” In the chronic care initiative, the CCNC networks, in partnership with community long term care provider organizations, are expected to provide a comprehensive and integrated package of screening and assessment, case management and care coordination, in addition to the primary, preventive and medical coordination and treatment that is available to all enrollees. The Office of Rural Health and Community Care is administering this program.

- **Black:** County is participating in the Chronic Care Program.
- **White:** County is not participating in the Chronic Care Program.

**Evidence-Based Program, Chronic Disease Self Management (CDSMP):** The NC Division of Aging and Adult Services (DAAS) and Division of Public Health (DPH) received a 3 year grant from the U.S. Administration on Aging to carry out a campaign to implement and sustain the Stanford University Chronic Disease Self-Management Program (CDSMP) to reduce the risk of disease and disability among seniors. NC will target low-income, minority, and/or rural older adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. The program is currently available in 46 counties.

- **Black:** County has a Master CDSMP trainer.
- **White:** County has no Master CDSMP trainer.

**Evidence-Based Program, Arthritis Foundation Exercise Program (AFEP):** Formerly People with Arthritis Can Exercise or PACE, is an evidenced-based health promotion, community-based recreational exercise program developed by the Arthritis Foundation. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. AFEP is offered by the Arthritis Foundation.

- **Black:** County has AFEP courses available.
- **White:** County does not have AFEP courses available.

**Evidence-Based Program, Arthritis Foundation Aquatic Program (AFAP):** An evidence-based water exercise program created by the Arthritis Foundation for people with arthritis and related conditions. The classes are conducted by a trained instructor and are designed to improve flexibility, joint range of motion, endurance, strength, and daily function and to decrease pain. The Division of Public Health is administering this program.

- **Black:** County has AFAP courses available.
- **White:** County does not have AFEP courses available.

**Food and Nutrition Services Utilization for those 65+:** Food and Nutrition Services (FNS), previously known as Food Stamps, is a federal food assistance program that helps low-income families. The purpose of Food and Nutrition Services is to end hunger and improve nutrition and health. It helps eligible low-income households buy the food they need for a nutritionally adequate diet. The state participation rate for the Food and Nutrition Services program for those 65+ and eligible is 30.4% as of December 2007. The Division of Social Services administers this program.

- **Black:** County utilization rate is at or above that of the state.
- **White:** County utilization rate is below that of the state.

**Mobile Dentistry:** Mobile dentistry improves access to dental care for seniors and persons with disabilities who have difficulty receiving care in private dental offices due to their medical, physical and/or mental condition. The service is provided by a fully mobile state-of-the-art dental office staffed by a dentist, dental hygienist, and dental assistants providing oral hygiene and dental care.

- **Black:** County has access to mobile dentistry services.
- **White:** County does not have access to mobile dentistry services.

**Programs of All inclusive Care for the Elderly (PACE):** PACE is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The Division of Medical Assistance is administering this program.

- **Black:** County has an active PACE program or has received approval from the state and CMS to implement a PACE program.
- **Gray:** County has completed a feasibility study or is in the planning phase for PACE.
- **White:** County does not have a PACE program.

**Influenza Vaccination:** The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated annually against influenza. According to CCME, the state vaccination rate is 33.7% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above that of the state rate.
- **White:** County immunization rate is below that of the state rate.

**Pneumonia Vaccination:** The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated against pneumococcal disease. According to CCME, the state vaccination rate is 45.6% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above the state rate.
- **White:** County immunization rate is below the state rate.

### **Economic Security**

**Benefits Navigator:** Benefits Navigator is a program using trained volunteers to help older adults and persons with disabilities access public benefits they need for economic security and well-being. The training focuses on Medicaid, MQB (or Medicare-Aid), Social Security, Food and Nutrition Services, and the Low Income Energy Assistance Program. DAAS administers this program. Medicare information and counseling is addressed by the Seniors Health Insurance Information Program (SHIIP).

- **Black:** County has at least one trained Benefits Navigator volunteer.
- **White:** County has no trained Benefits Navigator volunteers.

### **Technology**

**Technology Instructor:** Technology instructors are employees of the Division of Services for the Blind (DSB) that provide older adults who have vision loss with local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances, and medication independently.

- **Black:** DSB has a technology instructor to serve the county.
- **White:** DSB does not have a technology instructor to serve the county.

### **Safety and Security**

**Strategic Alliances for Elders (S.A.F.E) in Long Term Care:** Program staff train patrol officers, investigators, and other local law enforcement personnel about the unique situations and challenges that may present themselves when investigating alleged crimes against residents of long term care settings. DAAS works with the NC Justice Academy to administer this program.

- **Black:** County has SAFE law enforcement officers trained.
- **White:** County has no SAFE law enforcement officers trained.

**Special Medical Needs Registry:** Special Medical Needs Registries contain the names and addresses of individuals with medical and other special needs. The registry is an emergency preparedness tool and is used for communicating with and for people having special medical needs, to aid pre-event emergency planning and for evacuation and sheltering during actual emergencies.

- **Black:** County maintains special medical needs registry.
- **White:** County does not maintain special medical needs registry.

**Victims Assistance Program:** The Division of Aging and Adult Services and the Office of the Attorney General have developed a Victims Assistance Program. This program provides intense training to volunteers to help them become effective mentors to victims of fraud. The goals of this program are to reduce the ongoing incidence of consumer fraud and to establish a protocol for early detection of signs and symptoms of fraud among the vulnerable aging population.

- **Black:** County has a trained Victims Assistance Program volunteer.
- **White:** County does not have a trained Victims Assistance Program volunteer.

## **Social and Cultural**

**Senior Tar Heel Legislature (STHL):** The Senior Tar Heel Legislature, established by state statute, assesses the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly. It also provides information to senior citizens on the legislative process and promotes citizen involvement and advocacy. Delegates and alternates must be age 60 or older. DAAS provides staff support to the STHL.

- **Black:** County has at both a delegate and alternate.
- **Gray:** County has a delegate only.
- **White:** County has neither a delegate nor alternate.

## **Access and Choice in Services and Supports**

**Aging and Disability Resource Connection (ADRC):** ADRCs are a no wrong door portal of entry into long term services and supports. ADRCs are visible and trusted places where people can turn for information on the full range of long term support options. They serve elderly persons, younger individuals with disabilities, family caregivers, as well as persons planning for future long term support needs. The Office of Long Term Services and Supports is coordinating the piloting, promotion of ADRCs, and expansion of ADRCs.

- **Black:** County has an ADRC project.
- **White:** County does not have an ADRC project.

**Adult Day Services:** Adult day services provide an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Programs must offer a variety of activities designed to meet the individual needs and interests of the participants. There are two types of adult day services in NC: (1) adult day care, and (2) adult day health. DAAS is responsible for certifying adult day services.

- **Black:** County has both certified adult day and day health services.
- **Gray:** County has at least one certified adult day center or adult day health program.
- **White:** County does not have a certified adult day center or adult day health program.

**Emphasis on Medicaid Home and Community Care:** The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health and PCS) for every \$100 spent in nursing homes for clients age 60+ gives an indication of the balance between support of helping older adults age in place with home and community services as compared to placement in a facility. The state figure for 2006 is 46.9%.

- **Black:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars exceeds the State average.
- **Gray:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is nearly the same as the State figure of 46%-47%.
- **White:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is below the State figure.

**Interagency Case Staffing for Aging and Adult Services:** An interagency/interdisciplinary group meets regularly to discuss, manage, and locate resources for complex or challenging cases. This approach is considered to be an effective tool for helping consumers and targeting resources.

- **Black:** County has active case staffing group that meets on a regular basis.
- **White:** County does not have an active case staffing group.

**Multipurpose Senior Centers:** A multipurpose senior center is a community facility where older adults come together for services and activities that reflect their skills and interests and respond to their diverse needs. Centers are a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. DAAS administers a voluntary certification program that recognizes Centers of Excellence and Centers of Merit based on established criteria and a peer review process.

- **Black:** County has at least one certified Senior Center of Merit or Excellence.
- **Gray:** County has at least one multipurpose senior center or is in the planning stage of developing a multipurpose senior center, but none that is certified.
- **White:** County does not have a multipurpose senior center.

**NC New Organizational Vision Award (NOVA):** NC NOVA is a voluntary, special licensure model which covers a comprehensive set of workplace expectations. The program seeks to recognize providers who actively support and empower their direct care workforce across long term care related settings. The Carolinas Center for Medical Excellence (CCME) reviews the applications for NC NOVA.

- **Black:** County has an agency or facility that has obtained NC NOVA licensure status.
- **White:** County does not have an agency or facility that has obtained NC NOVA licensure status.

**Caregiver Alternatives to Running on Empty (Project C.A.R.E):** Project C.A.R.E. uses a consumer-directed, family consultant model to provide comprehensive respite support to dementia caregivers. Through an in-home intervention, Alzheimer's families are assisted in resolving caregiving issues, connected with community resources and if eligible, provided with funding for respite care. DAAS is administering this federally funded Alzheimer's demonstration program in 14 counties.

- **Black:** County is participating in Project C.A.R.E.
- **White:** County is not participating in Project C.A.R.E.

**State/County Special Assistance In-Home Program (SA-IH):** The State/County Special Assistance In-Home Program for Adults provides a cash supplement to help Medicaid-eligible individuals who are at risk of entering an Adult Care Home and would like to remain at home. SA/IH provides an alternative to placement in an Adult Care Home for individuals who could live at home safely with additional support services and income. DAAS administers this program, working with county departments of social services. It is currently available in 91 counties.

- **Black:** County is participating in SA/IH program.
- **White:** County is not participating in SA/IH program.

### **Public Accountability and Responsiveness**

**Adult Care Home Quality Improvement Program (ACHQI):** A quality improvement pilot program, established by the General Assembly, designed specifically for Adult Care and Family Care Homes. Participating homes receive consultative support from county departments of social services to assess, improve, and monitor the safety of medication use in their environments. Other areas for quality improvement are planned for the future. DAAS is responsible for administering this program in four counties (Alamance, Buncombe, Nash and Rutherford).

- **Black:** One or more adult care homes or family care homes participate in the ACHQI program.
- **White:** No adult care homes or family care homes in the county participate in the ACHQI program.

**Aging Leadership Planning Teams:** Aging Leadership Planning Teams are citizen-driven and broadly focused planning teams at the county level. Teams lead in planning for aging through a collaborative process. They utilize the livable and senior-friendly community framework to plan for culture and systems changes in the community to promote independence, dignity and choice for older adults.

- **Black:** County has an Aging Leadership Planning Team that meets on an ongoing basis.
- **White:** County does not have an Aging Leadership Planning Team.



### **The Maturing of America—Getting Communities on Track for an Aging Population**

The Maturing of America—Getting Communities on Track for an Aging Population survey was conducted in 2005 through a partnership with National Association of Area Agencies on Aging (n4a), the International City/County Management Association, the National Association of Counties, the National League of Cities, and Partners for Livable Communities. Questionnaires were sent to 278 local governments in North Carolina asking about their "aging readiness" and included 15 indicators. There were 64 respondents (see appendix). Out of 10 surveys sent to Gaston County municipalities, the Town of Stanley was the only respondent to the survey. The survey indicates that the town has programs, services, and features to aid with such issues as preventive screenings, immunizations, and housing. No significant conclusions can be made since there was no response for a number of the survey questions. Blanks on the following chart indicate no response was given by the survey respondent.

## Town of Stanly Survey Response

	Local government role ( Check all applicable)					
HEALTH CARE PROGRAMS/SERVICES FOR OLDER ADULTS	Is available regardless of provider	Provides programs	Funds all or part of the program	Publicizes programs	Partner in program	No role
Access to healthcare services that meet a range of needs						
Access to prescription programs that meet a range of needs						
Transportation to and from medical appointments						
Wellness						
Preventive screenings	X			X	X	
Immunizations	X				X	
Communal meals						
Nutrition programs/services						
Meals delivered to home		X			X	
EXERCISE PROGRAMS/SERVICES FOR OLDER ADULTS						
Exercise classes tailored to specific health concerns such as arthritis, heart disease						
Local parks and other venues that have safe, accessible walking/biking trails						
TRANSPORTATION PROGRAMS/SERVICES FOR OLDER ADULTS						
Public transportation to and from senior centers, adult day services, grocery stores, etc.						
Discounted taxi cab and/or bus fares						
Dial-a-Ride (eg. door-to- door paratransit)						
Road design that meets the needs of older drivers (e.g. left turn lanes, road markings)						
Road signage that meets the needs of older drivers (e.g. large signs)						
Side walks and street crossings that are safe and accessible for older pedestrians (e.g. flashing walk signs, sidewalk bumpouts)						
Sidewalk system linking residences and essential services			X		X	
PUBLIC SAFETY/EMERGENCY SERVICES						
Elder abuse/neglect identification						
Elder abuse/neglect prevention						
Neighborhood watch programs						

<b>PUBLIC SAFETY/EMERGENCY SERVICES</b>	Is available regardless of provider	Provides programs	Funds all or part of the program	Publicizes programs	Partner in program	No role
Plans for evacuation of older adults in the event of a natural disaster or homeland security agent						
Emergency energy assistance program						
Knowledge of where older adults reside so services can be provided in severe weather or other situations that prevent residents from leaving their homes						
Specialized training for staff in dealing with older adults						
<b>HOUSING</b>						
Home maintenance/repair assistance and modification of existing home to accommodate the needs of older adults						
Modification of service delivery to meet the needs of older adults (eg. Backyard trash collection)	X		X	X		
Subsidized housing						
<b>TAXATION/FINANCE</b>						
Property tax relief for older adults on limited incomes						
Assistance with preparation of tax forms						
Education and information about financial fraud and predatory lending						
<b>WORKFORCE DEVELOPMENT</b>						
Job retraining opportunities						
Flexible job opportunities						
<b>CIVIC ENGAGEMENT/VOLUNTEER OPPORTUNITIES</b>						
Discounts for older adults who want to take classes at local colleges/universities						
Senior Corps programs						
Civic engagement/volunteer opportunities that use all adults, including older adults						
<b>AGING/HUMAN SERVICES/PROGRAMS FOR OLDER ADULTS</b>						
In-home support services that enable older adults to live independently						
Single point entry of services						

<b>POLICIES/GUIDELINES</b>	Local government in place	Local government not in place	Local government is considering	No response		
Zoning requirements that support the development of active older adult communities	X					
Building codes that support the development of assisted living facilities	X					
Zoning requirements, subdivisions requirements or building codes that promote/support other senior housing options				X		
Planning process that considers the needs of older adults				X		
Community design/redesign that supports walkability				X		
<b>DEMOGRAPHICS</b>						
What age description does your local government use to identify "older adults"	65+					
Is your community experiencing in-migration?	Yes, Minorities					
Is your community experiencing out-migration?						
In the past 3 years has your local govt. solicited information from older adults to determine their needs (surveys, assessments)	No					
Has your local govt. begun to plan for growing senior population in your community?	No					
Does your local govt. have an advisory board or other mechanisms for older adult members to participate in planning for programs and /or services that benefit them?	No					
Which of the following best describes your community?	Urban					
Which of the following best describes your local government's current economic condition?	Moderate growth					
What are the top three challenges your community faces in meeting the needs of or planning for older adults?						

## REFERENCE

The Maturing of America - Getting Communities on Track for an Aging Population Survey -2005

Survey conducted through partnership of National Association of Area Agencies on Aging, International City/County Management Association, The National Association of Counties, and National League of Cities and Partners for Livable Communities

## Gaston County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditure		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-07
<b>Department of Transportation (DOT)</b>								
Elderly and Disabled Transportation Assistance Program	Rural Operating Assistance Program	60+, disabled	NA	NA	\$94,342	\$92,578	NA	-1.9
Elderly and Disabled Transportation Assistance Program	Rural Operating Assistance Program	60+, disabled	NA	NA	\$0	\$33,268	NA	
<b>DOT TOTAL</b>					<b>\$94,342</b>	<b>\$125,846</b>		<b>33.4</b>
<b>Division of Aging and Adult Services (DAAS)</b>								
Congregate Nutrition	HCCBG	60+	342	334	\$156,022	\$160,906	-2.3	3.1
Family Caregiver Support - Access	OAA, Title 111-E	See note below	NA	NA	\$5,625	\$2,866	NA	-49.0
Family Caregiver Support - Counseling/Support Groups/Training	OAA, Title 111-E	See note below	NA	NA	\$6,425	\$5,672	NA	-11.7
Family Caregiver Support - Information	OAA, Title 111-E	See note below	NA	NA	\$10,293	\$10,471	NA	1.7
Family Caregiver Support - Respite Care	OAA, Title 111-E	See note below	NA	NA	\$29,398	\$31,892	NA	8.5
Family Caregiver Support - Supplemental Services	OAA, Title 111-E	See note below	NA	NA	\$9,787	\$12,488	NA	27.6
Health Promotion/Disease Prevention	OAA, Title 111-D	60+	NA	NA	\$10,714	\$11,202	NA	4.6
Home Delivered Meals	HCCBG	60+ homebound	239	242	\$143,115	\$143,020	1.3	-0.1
In Home Aide Level 1	HCCBG, State In-Home fund	60+,18+,functionally impaired	103	89	\$45,882	\$30,793	-13.6	-32.9
In Home Aide Level 2	HCCBG, State In-Home fund	60+,18+,functionally impaired	170	190	\$475,722	\$505,387	11.8	6.2
In Home Aide Level 3	HCCBG, State In-Home fund	60+,18+,functionally impaired	41	55	\$114,073	\$190,755	34.1	67.2
Medication Management	OAA,Title 111-D	60+	NA	NA	\$3,797	\$3,822	NA	0.7
Senior Center	State, HCCBG	60+	NA	NA	\$8,143	\$7,702	NA	-5.4
Transportation, General	HCCBG	60+	87	98	\$66,870	\$72,302	12.6	8.1
<b>DAAS TOTAL</b>					<b>\$1,085,866</b>	<b>\$1,189,278</b>		<b>9.5</b>

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditure		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-07
<b>Division of Medical Assistance (DMA)</b>	TITLE XIX of the Social Security Act	Medicaid eligible, may receive any or all the medical services subject to limitations, duration and scope as defined in the State Medicaid Plan						
ACH-PCS Basic/Enhanced			734	682	\$3,773,909	\$3,572,365	-7.1	-5.3
ACH-Transportation			729	680	\$110,601	\$104,602	-6.7	-5.4
CAP/DA			168	151	\$2,502,545	\$2,051,079	-10.1	-18.0
CAP/MR*			14	17	\$520,810	\$890,421	21.4	71.0
Clinics*			984	939	\$1,285,016	\$514,311	-4.6	-60.0
Dental*			1,118	1,217	\$325,831	\$382,500	8.9	17.4
Home Health*			2,260	2,091	\$2,229,164	\$2,469,987	-7.5	10.8
Hospice*			89	101	\$523,101	\$766,847	13.5	46.6
ICF-MR*			11	14	\$1,215,399	\$1,690,575	27.3	39.1
Inpatient Hospital*			617	483	\$1,781,859	\$2,368,072	-21.7	32.9
Inpatient Mental Hospital*			1	NA	\$47,547	\$784	NA	-98.4
LAB&XRAY/Physicians*			4,472	4,206	\$2,773,470	\$2,769,848	-5.9	-0.1
Medicare Part A&B Premiums			5,161	5,181	\$5,204,181	\$5,657,524	0.4	8.7
Medicare Part D Clawback			3,562	3,919	\$1,433,217	\$3,471,662	10.0	142.2
Nursing Homes*			1,151	1,150	\$28,136,058	\$27,008,716	-0.1	-4.0
Other Care*			2,017	1,940	\$266,942	\$299,312	-3.8	12.1
Other Practitioners*			1,959	1,811	\$194,458	\$1,381,005	-7.6	610.2
Outpatient Hospital*			2,363	2,287	\$1,572,558	\$1,575,539	-3.2	0.2
Prescribed Drugs*			4,159	2,381	\$11,903,001	\$2,191,498	-42.8	-81.6
Regular Personal Care (PCS)*			390	375	\$1,560,291	\$1,775,119	-3.8	13.8
<b>DMA TOTAL</b>					<b>\$67,359,958</b>	<b>\$60,941,766</b>		<b>-9.5</b>

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditure		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-07
<b>Division of Mental Health/Developmental Disabilities/Substance Abuse (DMH/DD/SAS)</b>								
Alcohol Rehabilitation Centers*	Medicare, SAPBG, State Appropriations	18+, ASAM = III.7, with Sub Abuse or Sub Abuse/Mental Health Diagnoses	1	NA	\$6,064	\$8,626	NA	42.2
Developmental Disabilities*	Medicaid, State Appropriations	meet eligibility for developmental disabilities	30	35	\$123,662	\$168,796	16.7	36.5
Mental Health*	Medicaid, State Appropriations		372	390	\$119,765	\$91,578	4.8	-23.5
Mental Retardation Centers*	Medicaid, State Appropriations	18+, with Severe to Profound Mental Retardation Diagnosis	7	8	\$1,075,102	\$1,222,075	14.3	13.7
Psychiatric Hospitals*	Medicaid, Medicare, State Appropriations	12+ and Meet Medical Eligibility Criteria = Dangerous to Self and/or Others having mental illness diagnosis	15	9	\$336,959	\$380,967	-40.0	13.1
Substance Abuse*			37	30	\$12,767	\$12,906	-18.9	1.1
<b>DMA/DD/SAS TOTAL</b>					<b>\$1,674,319</b>	<b>\$1,884,948</b>		<b>12.6</b>
<b>Division of Services for the Blind (DSB)</b>								
Special Assistance for the Blind*	50%State/50% County	Meet eligibility for vision (legal blindness) and income guidelines.	3	NA	\$19,500	\$6,972	NA	-64.2
<b>DSB TOTAL</b>					<b>\$19,500</b>	<b>\$6,972</b>		<b>-64.2</b>
<b>Division of Social Services (DSS)</b>								
ACH Case Management & Screening	Medicaid	Medicaid recipient and meet criteria for Medicaid Enhanced PCS	157	135	\$56,896	\$60,726	-14.0	6.7
Adult Day Care	HCCBG, State Adult Day Care Fund	Adults who "need" the service and fall into the target population	50	59	\$135,047	\$81,039	18.0	-40.0
Adult Placement	SSBG	Adults who "need" the service and fall into the target population	47	72	\$8,095	\$19,873	53.2	145.5
Adult Protective Services	SSBG, State APS Fund	Adults who "need" the service and fall into the target population	212	230	\$125,695	\$125,758	8.5	0.1

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditure		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-07
<b>Division of Social Services</b>								
At-Risk Case Management	Medicaid	Medicaid recipient and meet criteria for being "at-risk"	59	61	\$11,663	\$19,596	3.4	68.0
Energy Assistance	LIEAP, CIP	Meet income guidelines	969	1,186	\$49,522	\$117,092	22.4	136.4
Food Stamps	USDA	Meet income guidelines	1,920	2,269	\$1,374,853	\$1,508,302	18.2	9.7
Guardianship	SSBG	Adults who "need" the service and fall into the target population	72	68	\$51,232	\$42,244	-5.6	-17.5
In-Home Aide	SSBG, State In-Home Fund	Adults who "need" the service and fall into the target population	355	383	\$116,043	\$156,003	7.9	34.4
Other			590	613	\$1,086,402	\$1,175,220	3.9	8.2
Special Assistance: Adult Care Homes	S/C Special Assistance for Adults Program	Entitlement program for low income older and disabled adults who need care in an adult care home; must meet income need and asset requirements	725	589	\$2,438,538	\$2,218,732	-18.8	-9.0
Special Assistance: In-Home	S/C Special Assistance for Adults Program	Adults who need care in an adult care home level of care, but who can be maintained safely in their own home; must meet income and assets requirements	19	14	\$46,243	\$58,450	-26.3	26.4
Transportation			16	16	\$0	\$0	0.0	
<b>DSS TOTAL</b>					<b>\$5,500,229</b>	<b>\$5,583,035</b>		<b>1.5</b>
<b>Division of Vocational Rehabilitation (DVR)</b>								
Independent Living*	State	See note below	23	31	\$54,865	\$111,887	34.8	103.9
Vocational Rehabilitation*	Federal, 21.3%State	See note below	13	15	\$14,607	\$13,767	15.4	-5.8
<b>DVR TOTAL</b>					<b>\$69,472</b>	<b>\$125,654</b>		<b>80.9</b>
<b>County Total</b>					<b>\$75,803,683</b>	<b>\$69,857,501</b>		<b>-7.8</b>

\* Providers may not be based in the specific county  
NA denotes that data were not available



**Family Caregiver Support Program Services (eligibility)**

Family caregivers who provide care to older (60+) individuals or individuals (of any age) with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder and for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities. Child age 18 or under who: Lives with primary relative caregiver, because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child: Has a legal relationship to the relative caregiver including adoption OR Is being raised informally by the relative caregiver: Older individuals caring for individuals with severe disabilities including children with severe disabilities (cannot be a parent).

**Independent Living (IL) Rehabilitation Program (eligibility)**

IL services may be provided to an individual with a significant physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively. [IL State Plan; 34 CFR 364.4 and 364.51; 1998 Amendments to the Rehabilitation Act of 1973 Sec. 7(21)(B)]

**Vocational Rehabilitation Program (eligibility)**

In order to be eligible for vocational rehabilitation services the individual must:

1. Be an individual with a disability. This is defined to mean that (1) the individual has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and (2) the individual can benefit from vocational rehabilitation services in terms of an employment outcome; AND
2. Require vocational rehabilitation services to prepare for, secure, retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

If an individual has been determined pursuant to title II or title XVI of the Social Security Act to be a person with a disability, the individual is presumed to be eligible to receive services if the individual intends to achieve an employment outcome.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 1029A091)]

This report shows some significant changes in expenditure in some of the services between State Fiscal Years 2005-06 and 2006-2007. Though there are some decreases in expenditure, there are increases for others (e.g., ICF/MR, adult placement and energy assistance).

**Division of Aging and Adult Services (DAAS)**  
**Inventory of Home and Community Care Block Grant (HCCBG) Providers/Services**  
**Gaston County**

Provider	Services
<b>GASTON COUNTY DSS</b>	<i>IN-HOME LEVEL 2 - PERSONAL CARE HOME- DELIVERED MEALS IN-HOME LEVEL 1 - HOME MANAGEMENT CONGREGATE NUTRITION TRANSPORTATION IN-HOME LEVEL 3 - PERSONAL CARE</i>

Source: DAAS Aging Services Directory 1/3/2008

HCCBG awards a combination of federal Older Americans Act funds and state appropriations to counties through Area Agencies on Aging (AAA) to serve adults 60 and older who require services to remain in the community. Through local planning, counties have the ability to choose from eighteen services, determine what level of funding those services will receive, and the provider(s) of service. Gaston County provides various HCCBG services through one provider. Gaston County Department of Social Services is the focal point for home and community-based services. Home-delivered meals, in-home aide, and transportation services are all core service for helping vulnerable older adults remain living in the community.

**Gaston County Waiting List of Clients by Service**

Service Description	Clients on Wait List
Home Delivered Meals	1
In Home Aide - Level 1	1
<b>Total</b>	<b>2</b>

Source: Division of Aging and Adult Services 6/07

As of June 30, 2007 there were 2 people on the waiting list for home and community-based services funded through the Division of Aging and Adults Services. The reporting of waiting list information is voluntary for providers. Therefore, the numbers do not reflect all the needs in the county. It should also be noted that the numbers of clients on the waiting list are duplicated counts, meaning one person may be on the waiting list for more than one service.

### Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)

<b>Gaston County</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of Complaints	71	35	62
Action Taken on Complaints:			
Resolved:	41	21	36
Partially Resolved	2	0	2
Not resolved	1	1	1
Withdrawn	0	5	4
Not Substantiated	27	8	19
Referred to:			
DHSR	0	0	0
DSS	0	0	0
APS	0	0	0
Percent of all LTC Ombudsman Program state complaints coming from this county	2.3	1.2	1.9
Total number of complaints against nursing homes	40	24	38
Total number of complaints against adult care homes	30	11	24

Source: Division of Aging and Adult Services 3/2008

In Gaston County the numbers of complaints reported to the Long-Term Care Ombudsman Program against nursing homes and adult care homes have increased considerably between 2006 and 2007.

### Guardianship Program (State Fiscal Years 2005, 2006, 2007)

<b>Counties</b>	<b># Receiving Services (2005)</b>	<b># Receiving Services (2006)</b>	<b># Receiving Services (2007)</b>
Brunswick	22	26	24
Buncombe	103	78	88
<b>Gaston</b>	<b>108</b>	<b>89</b>	<b>83</b>
Henderson	76	71	82
Moore	38	50	45
New Hanover	52	49	56

Source: Division of Aging and Adult Services 3/2008

Guardianship Services are services provided to an individual alleged to be in need of a guardian or services to those for whom the agency director or assistant director has been appointed as legal guardian. The services includes the assessment of an individual's need for guardianship; activities aimed at locating the appropriate person(s) to serve as guardian(s); and when necessary, petitioning or assisting the family to petition for the adjudication of incompetence for an adult and the appointment of a guardian for an adult or minor under the provisions of G.S. 35A. Working with other community agencies to locate

an appropriate guardian for an individual and working with the clerk of court concerning an individual case are also included in this service, as is coordination of activities with the agency attorney regarding court action on a specific case. Ongoing case work with clients for whom the agency's director or assistant director has been appointed as guardian is also part of this service. This includes contacts with the client, the client's family as part of a service plan, or with facility staff; completing quarterly reviews; and completing and filing annual accounting and status reports with the clerk of court as required by law.

The above table shows the total number of Guardianship Services provided in the six counties to adults of all ages between 2005 and 2007. The number of Guardianship Services in Gaston County has consistently decreased between 2005 and 2007.

### **Division of Services for the Blind (DSB)**

DSB provides individuals who are blind and visually impaired specialized and individualized services in all 100 counties. These services are provided by Social Workers for the Blind, Independent Living Rehabilitation Counselors, Orientation and Mobility Specialists, Nurse Eye Care Consultants, Deaf Blind Specialists, Vocational Rehabilitation Counselors, and Assistive Technology Specialists and Instructors. Services are rendered in the homes of clients and in community-based classes called "Mini Centers." Mini Centers provide instruction in a small group setting to older adults in the use of adaptive techniques and equipment for performing daily living tasks after vision loss. Additionally, older adults who have vision loss now have increased availability of local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances, and medication independently. This service is available as a result of Assistive Technology Instructors being added to the staff.

Support groups for individuals who are blind and visually impaired are available in Gaston County. In addition, various social and recreational activities are available. Visually impaired and adults who are blind in all the study counties attend annual events: Camp Dogwood (near Lake Gaston) and the Visually Impaired Person Fishing Tournament in the Outer Banks.

## Division of Health Services Regulation (DHSR)

### Inventory of Adult Care Home Beds (Fall 2007)

Facility Name	LicBedsin NH	LicBedsin Hosp	Adult Care Homes	Total Licensed Beds	License Pending			Available SMFP	Total Available	Sum of Exclusions	TOTAL Planning Inventory
					CON	ACH (Exempt)	ACH (Pipeline)				
Abingdon Place of Gastonia	0	0	86	86	0	0	0	0	86	0	86
Alexandria Place	40	0	0	40	0	0	0	0	40	0	40
Belaire Health Care Center	20	0	0	20	0	0	0	0	20	0	20
Carillon Assisted Living of Cramer Mountain	0	0	128	128	0	0	0	0	128	0	128
Carolina Care Center	12	0	0	12	0	0	0	0	12	0	12
Century Care of Cherryville	57	0	0	57	0	0	0	0	57	0	57
Countryside Inn	0	0	62	62	0	0	0	0	62	0	62
Courtland Terrace	19	0	0	19	0	0	0	0	19	0	19
Covenant Village, Inc.	42	0	0	42	0	0	0	0	42	21	21
Gaston Manor	0	0	78	78	0	0	0	0	78	0	78
Gaston Place	0	0	89	89	0	0	0	0	89	0	89
Morningside of Gastonia	0	0	105	105	0	0	0	0	105	0	105
Moses Manor, Inc.	0	0	23	23	0	0	0	0	23	0	23
Rosewood Assisted Living	0	0	48	48	0	0	0	0	48	0	48
Somerset Court of Cherryville	0	0	60	60	0	0	0	0	60	0	60
South Haven Long Term Care	0	0	86	86	0	0	0	0	86	0	86
Stanley Total Living Center, Inc.	24	0	0	24	0	0	0	0	24	12	12
Terrace Ridge	0	0	74	74	0	42	0	0	116	0	116
Wellington House	0	0	48	48	0	0	0	0	48	0	48
Woodlawn Haven	0	0	80	80	0	0	0	0	80	0	80
	214	0	967	1181	0	42	0	0	1223	33	1190

Source: 2008 State Medical Facilities Plan (SMFP)

<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>

According to the 2008 State Medical Facilities Plan, Gaston County has a total of 1181 licensed adult care home beds. A statewide moratorium was placed on the development of new adult care home beds in 1997. However, legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds are referred to as “exempt” or “pipeline” beds. The “total available” of adult care home beds (licensed + license pending + previously allocated) was 1223. Exclusion for one-half of the adult care home beds in continuing care retirement communities accounted for 33 excluded beds resulting in an adjusted “planning inventory” of 1190 adult care home beds.

### Inventory of Nursing Home and Hospital Nursing Care Beds (Fall 2007)

Facility Name	Licensed Nursing Beds			CON Approved or Pending		Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
	Nursing Homes	Hospitals	TOTAL	Nursing Home	Hospital				
Alexandria Place	60	0	60				60	0	60
Belaire Health Care Center	80	0	80				80	0	80
Brian Center Health & Rehab./Gastonia	162	0	162				162	0	162
Carolina Care Center	107	0	107				107	0	107
Century Care of Cherryville	54	0	54				54	0	54
Century Care of Gastonia	120	0	120				120	0	120
Courtland Terrace	77	0	77				77	0	77
Covenant Village, Inc.	38	0	38				38	19	19
MeadowWood Nursing Center	50	0	50				50	0	50
Rehab. & Health Center of Gastonia	118	0	118				118	0	118
Stanley Total Living Center, Inc.	106	0	106				106	25	81
TOTALS	972	0	972	0	0	0	972	44	928

Source: 2008 State Medical Facilities Plan (SMFP)

<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>

According to the 2008 State Medical Facilities Plan, the nursing care bed inventory included 972 licensed beds in nursing beds homes and no licensed beds in hospitals for a total of 972 licensed nursing care beds (not including nursing care beds in state-operated and special care facilities). No beds had received approval from the Certificate of Need (CON) Section. The “total inventory” was 928 nursing beds. Exclusions from the inventory have been retained for specialty care units, for out-of-area placements in non-profit religious or fraternal facilities, for one-half of the qualified nursing care beds, and for beds transferred from State Psychiatric Hospitals.

### Inventory of Hospice

Gaston County has 6 residential hospice beds (Gaston Hospice House). The 2006 State Medical Facilities Plan (SMFP) had a need determination for inpatient hospice beds. Robin Johnson House/Gaston Hospice has 6 beds approved for certificate of need. According to the 2007 Hospice Data Supplements, 9 hospice home care agencies provided 48,469 days of care to individuals residing in Gaston County; of those served there were 656 deaths.

## Division of Medical Assistance (DMA)

### Community Alternatives Program for Disabled Adults (CAP/DA)

County	Allocation	# Serving	# on Waiting List	FTE	# Referrals Received a month
Brunswick	70	54	70	3	8
Buncombe	289	240	144	8 & 1 PT	16
Henderson	80	57	0	2	5
Gaston	165	153	58	5	16
Moore	108	104	60	3	6-8
New Hanover	150	131	26	7	5

Source: DMA 2/08

The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid waiver program which provides a package of services to allow adults (age 18 and older) who qualify for nursing facility care to remain in their private residences. The Gaston County Department of Social Services is the lead agency for CAP/DA. The County has a total allocation of 165 slots. As of February 2008, the program was serving a total of 153 clients. There are currently 58 individuals on the waiting list.

## Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)

### Local Management Entity (LME)

Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse Services Emergency phone number-910-251-6551

Access Unit Coordinator - Debra Vuocolo (910-251-6613)

Geriatric/Adult Mental Health Specialty Team Leader - Christine Hebert (910-799-7057)

## **Assessment of Future Needs and Projected Cost Estimates**

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Communities across North Carolina are faced with increasingly difficult choices and decisions about how to grow, plan for changes, and improve the quality of life for all citizens. The needs of older adults will continue to change and grow as the population grows. Counties across the state have waiting lists for services and inadequate funding. The demand on public funds is certain to continue as the population increases. Because the future interests of older adults, their families, and communities are at stake, we need to assure all towns, cities, and counties within the state are livable and senior-friendly.

Figures and tables in this section:

1. Summary of Assessment of Livable and Senior-Friendliness Concerns
2. Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care
3. Gaston Survey Comments
4. Summary of Need Determination-2008 North Carolina State Medical Facilities Plan
5. Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013
6. Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013
7. Cost Estimates for State/County Special Assistance In-Home (SA/IH) Program through June 30, 2013



## **Assessment of Livability and Senior-Friendliness by County**

The Centralina Agency on Aging (AAA) surveyed various stakeholders including older adults to assess the concerns of Gaston County's livable and senior-friendliness during December 2007 and January 2008. The eight components for livable and senior-friendly communities were distributed among various existing senior groups throughout the county. As an example, the components under Healthy Aging were discussed with the Cherryville Nutrition Site participants. By group consensus they chose the top three sub-categories. For those categories like Access in Service and Social Supports where more than one group reviewed the sub-categories, the top three choices were combined to identify the high priorities. This table is part of the *2008-2012 Area Plan for Aging*, developed by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and issues in the county. All the counties identified housing/utilities, transportation, medical alert, and assistive devices/technology as high priorities. Five of the six counties identified preventive care, health care cost, fraud/exploration, and community sensitivity as high concerns. In addition, Gaston County residents identified concerns around adult immunization, dental health, nutrition, long-term care cost, tax credits and exemptions, internet access, telephone and cell phone access, long term care residents' rights, cultural and social programs, intergenerational relations, life-long learning, drug assistance, caregiver support, home and community services, long term care facilities, senior centers, public and private funding sources, public benefits, and taxes. Following are the responses and comments from the survey.

### Summary of Assessment of Livability and Senior-Friendliness Concerns by County

Physical & Accessible Environment	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
Air & water quality		X			X	X
Driver safety						
Housing & utilities	X	X	X	X	X	X
Land use						
Neighborhood organization						
Noise control						
Recreational facilities	X					
Road safety						
Shopping						
Transportation	X	X	X	X	X	X
Zoning						
Other: walkable neighborhoods				X		
<b>Healthy Aging</b>						
Adult immunization			X			
Dental health		X	X	X		
Hospitals						
Leisure						
Medicare & Medicaid acceptance		X			X	
Medications	X				X	
Mental health				X		X
Nutrition			X			
Preventive care	X	X		X	X	X
Primary care						
Rehabilitation						
Vision & hearing care						
Wellness & fitness	X					X
Other:						
<b>Economic Security</b>						
Age discrimination						
Financial planning	X	X				
Health care cost	X		X	X	X	X
Income				X		
Job opportunities		X				
Job retooling						
Job training						
Long-term care cost	X		X		X	X
Public benefits counseling		X				
Senior-friendly businesses						
Support of working caregivers	X			X	X	
Tax credits & exemptions			X			X
Other: In home				X		

<b>Technology</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Assistive & adaptive devices	X	X	X	X	X	X
Distance-learning						
Internet access			X			
Medical alert	X	X	X	X	X	X
NCcareLINK		X		X		X
Tele-medicine						
Telephone & cell phone access	X		X		X	X
Other:						
<b>Safety &amp; Security</b>						
Abuse & neglect	X	X		X		
Domestic violence						
Emergency preparedness & response	X	X		X	X	
Fire safety						
Fraud & exploitation	X	X	X		X	X
Outreach to isolated & vulnerable	X		X	X	X	X
LTC residents' rights			X			
Other:						
<b>Social &amp; Cultural Opportunity</b>						
The Arts						
Community sensitivity		X	X	X	X	X
Cultural & social programs	X	X	X		X	
Intergenerational relations				X		
Libraries						
Lifelong learning	X		X			
Media						
Racial, ethnic, and linguistic diversity				X		
Spiritual growth						
Volunteerism	X	X			X	X
Other:						
<b>Access/Choice in Services &amp; Supports</b>						
Care management		X		X		
Caregiver support			X	X	X	X
Drug assistance	X				X	
End-of-life care						
Grandparents-raising-grandchildren						
Guardianship						
Home & community services	X		X	X	X	
Information & assistance (I&A)		X				
Legal services						
Long-term care facilities			X			
Senior centers	X	X	X			
Other:						

<b>Public Accountability and Responsiveness</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Community needs assessments	X				X	
Planning & coordination	X	X		X	X	
Program evaluation		X				
Public & private funding sources		X	X	X		
Public benefits			X			
Representation in public affairs	X			X		X
Taxes			X		X	X

## **Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care and, Residential Care by County**

The Centralina Area Agency on Aging (AAA) surveyed 18 professionals around the county who work in services for older adults to assess the barriers of Gaston County in the development of a comprehensive and coordinated system for supportive services, nutrition services, multipurpose senior centers, health care, and residential care by county. The survey tool asked if the area was an “unmet need” and then whether the need was high, medium or low priority for each of the service categories. This table is part of the *2008-2012 Area Plan for Aging*, maintained by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and issues in the county. Among all the counties inadequate transportation and home-delivered meals were identified as barriers to developing a comprehensive and coordinated system of supportive services. Five of the six counties, including Gaston, identified dental care and mental health counseling as key issues. In addition Gaston County residents identified concerns relative to adult day health care, emergency assistance, respite, medication management/counseling and nursing facility care. Following are the responses and comments from the survey.

**Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County**

<b>Supportive Services</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Adult day care	X	X			X	
Adult day health care		X	X		X	
Adult placement services		X				X
Benefits counseling						
Care management		X		X		
Emergency preparedness plans	X			X		
Energy assistance		X	X			
Family caregiver counseling		X		X		X
Family caregiver training					X	
Financial counseling		X		X		
Guardianship						
Housing and home improvement	X			X		
In-home aide (homemaker)		X		X	X	
In-home aide (personal care)		X		X	X	
Information & assistance		X		X		
Job training & placement for older workers		X				
Legal assistance						
Personal & family counseling						
Respite (in-home, group, and institutional/overnight)		X	X		X	
Senior companion						
Transportation-general	X	X	X	X	X	X
Transportation-medical	X	X	X			
Volunteer program						
Other: Medicaid deductible issue		X				
Other: Part D counseling		X				
<b>Nutrition</b>						
Congregate nutrition	X			X		
Home-delivered meals	X	X	X	X	X	X
Nutrition counseling	X			X	X	X
Nutrition education						X

Senior Centers	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
Senior Centers	X	X		X		X
<b>Health Care</b>						
Dental care		X	X	X	X	X
Health promotion		X				
Health screening	X					X
Home health/Skilled nursing		X				
Hospice						
Medication management/counseling		X	X	X	X	
Mental health counseling	X	X	X	X		X
Primary Health Care	X	X			X	X
<b>Residential Care</b>						
Assisted Living/Adult Care Homes	X				X	
CAP/DA	X	X			X	X
Nursing facility care			X			X
SA In-Home Option	X				X	X
Other: Affordable housing alternatives		X				
Other: Dementia Specific Care		X				

## Gaston Survey Comments

Supportive Services	Level of Unmet Needs		Comments
	High	Medium	
Adult day health care	X		No ADH program in Gaston County
Emergency preparedness plans		X	Focus here is primarily on the need to educate and assist older adults in having individual plans in case of an emergency
Energy assistance	X		Many seniors in this community live in old mill houses that are not properly insulated and therefore difficult to heat and expensive
Financial counseling		X	Education could have a big impact in this area.
Housing and home improvement		X	Home maintenance for older adults is a financial resources issue
In-home aide (homemaker)			Additional resources needed in this area as well as difficulty in recruiting trust-worthy personnel
Legal assistance		X	
Respite (in-home, group, and institutional/overnight)	X		
Transportation-general	X		Current transportation services do not provide enough options for older adult needs. Gastonia is the only township with public transit options
Transportation-medical	X		
<b>Nutrition</b>			
Home-delivered meals	X		More service delivery options needed to accommodate expanded rural locations
<b>Health Care</b>			
Dental care	X		More providers needed for Medicaid clients and low-income older adults
Health screening		X	
Medication management/counseling	X		
Mental health counseling	X		Need for greater education and outreach
Nursing facility care	X		More beds needed to accommodate increased consumers with mental health needs. Staff shortages also an issue



## Division of Health Services Regulation

### Summary of Need Determination-2008 North Carolina State Medical Facilities Plan

County	Adult Care Home Beds	Nursing Home Beds	Home Health Agencies or Offices	Hospice Home Care Offices	Inpatient Hospice Beds
Brunswick	0	0	0	0	7
Buncombe	0	0	0	0	0
Gaston	0	0	0	0	7
Henderson	0	0	0	0	7
Moore	0	0	0	0	0
New Hanover	0	0	0	0	0

The Division of Health Service Regulation (DHSR) established in the 2008 State Medical Facilities Plan (SMFP) that there is need for seven inpatient hospice beds. There is no need for additional adult care home beds, nursing home beds, home health agencies, hospice care offices, or inpatient hospice beds in Gaston County. There were no substantial changes in the application of the need methodology from that used in the North Carolina 2007 State Medical Facilities Plan. Detailed information about the methodology used by DHSR in determining need is available at <http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>.

**Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013**  
**Gaston County**

The projection of costs to provide community-based aging services through the Home and Community Care Block Grant (HCCBG) reflects services most in demand based on the DAAS waiting lists for services and the projected growth of age 60 and over population, as projected by the State Data Center. The projected percentile growth in annual service costs takes into account that at least 2.5% funding growth is required to maintain current service levels plus the projected growth in age 60 and over population.

<b>Gaston</b>	2008 07 co. exp	2009 service \$ est.	2010 service \$ est.	2011 service \$ est.	2012 service \$ est.	2013 service \$ est.	2008-2013 service \$ est.	2008-2013 service \$ est. %	2008-2013 60+ est. %
Home Del. Meals	\$128,718	\$135,398	\$142,290	\$149,163	\$156,726	\$164,343	\$35,625	27.68%	
In-Home Aide L 1	\$27,714	\$29,152	\$30,636	\$32,116	\$33,744	\$35,384	\$7,670	27.68%	
In-Home Aide L 2	\$454,848	\$478,455	\$502,808	\$527,094	\$553,818	\$580,734	\$125,886	27.68%	
In-Home Aide L 3	\$171,680	\$180,590	\$189,782	\$198,948	\$209,035	\$219,194	\$47,514	27.68%	
Gen. Transport.	\$65,072	\$68,449	\$71,933	\$75,407	\$79,230	\$83,081	\$18,009	27.68%	
<b>Total</b>	<b>\$848,032</b>	<b>\$892,045</b>	<b>\$937,450</b>	<b>\$982,729</b>	<b>\$1,032,553</b>	<b>\$1,082,736</b>	<b>\$234,704</b>	27.68%	<b>13.20%</b>
		@5.19%	@5.09%	@4.83%	@5.07%	@4.86%			
<b>Projected total cost incr</b>		<b>\$44,013</b>	<b>\$45,405</b>	<b>\$45,279</b>	<b>\$49,824</b>	<b>\$50,183</b>			
<b>60+ estimate</b>	<b>37,751</b>	<b>38,767</b>	<b>39,773</b>	<b>40,701</b>	<b>41,749</b>	<b>42,735</b>			
<b>Projected 60+ pop incr</b>		<b>1,016</b>	<b>1,006</b>	<b>928</b>	<b>1,048</b>	<b>986</b>			<b>4,984</b>

Source: Division of Aging and Adult Services

The cost estimates of the selected Home and Community Care Block Grant Services between 2008 and 2013 indicate an increase of 28%. Considering the projected demographics there will be a need for an array of long-term services and supports.

**Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013**  
**Gaston County**

The State Adult Day Care Fund (SADCF) and the State In-Home Fund serve adults over the age of 18. However, over 85% of those served are age 50 and over. 54.25% of the SADCF funds awarded to counties are federal SSBG funds and the remaining 45.75% are state appropriations. 100% of funding State In-Home funding awarded to counties is federal SSBG. The projected percentile growth in annual services costs takes into account that at least 2.5% annual funding growth is required to maintain current services levels plus the projected growth in over age 50 populations.

<b>Gaston</b>	2008 Expended	2009 Award	2010 Award	2011 Award	2012 Award	2013 Award	2008-2013 Service \$ Est.	2008-2013 Service \$ Est. %	2008-2013 50+ Est. %
SADCF	\$109,835	\$114,964	\$120,252	\$125,495	\$131,280	\$137,332	\$27,497	25.04%	
State In-Home	\$97,658	\$102,219	\$106,921	\$111,583	\$116,727	\$122,108	\$24,450	25.04%	
	<b>\$207,493</b>	<b>\$217,183</b>	<b>\$227,173</b>	<b>\$237,078</b>	<b>\$248,007</b>	<b>\$259,440</b>	<b>\$51,947</b>	<b>25.04%</b>	<b>10.79%</b>
<b>50+ estimate</b>	<b>65,532</b>	4.67% <b>66,957</b>	4.60% <b>68,365</b>	4.36% <b>69,635</b>	4.61% <b>71,104</b>	4.61% <b>72,604</b>			
<b>Projected total cost incr</b>		<b>\$9,690</b>	<b>\$9,990</b>	<b>\$9,905</b>	<b>\$10,929</b>	<b>\$11,433</b>			
<b>Projected 50+ pop incr</b>		<b>1,425</b>	<b>1,408</b>	<b>1,270</b>	<b>1,469</b>	<b>1,500</b>			<b>7,072</b>

Source: Division of Aging and Adult Services

The cost estimates of the State Adult Day Care and the State In-Home Funds between 2008 and 2013 indicate an increase of 25%.

**Cost Estimates for State/County Special Assistance In-Home (SA/IH) Program through June 30, 2013**

County	2007-2008	2008-2009	2010-2011	2012-2013	% Change 2007-2013
<b>Brunswick</b>					
In-Home	NA	NA	NA	NA	NA
<b>Buncombe</b>					
In-Home	\$112,628	\$220,210	\$430,555	\$841,821	647.4
<b>Gaston</b>					
In-Home	\$113,794	\$198,036	\$344,642	\$599,780	427.1
<b>Henderson</b>					
In-Home	\$138,274	\$172,013	\$213,984	\$266,196	92.5
<b>Moore</b>					
In-Home	\$78,555	\$138,037	\$242,558	\$426,224	442.6
<b>New Hanover</b>					
In-Home	\$113,405	\$152,314	\$204,573	\$274,762	142.3

NA denotes not available

The State/County Special Assistance In-Home Program expenditures are projected to have a significant growth of 427% between 2007 and 2013.

**Division of Services for the Blind**

Funding and resources for transportation services for older blind and visually impaired individuals need to be dramatically increased statewide. Additionally, more accessible and affordable housing and long-term care facilities are needed. Access to public transportation should be considered prior to their development. Additional funding is needed for the DSB Independent Living Services as the population and needs of older adults in these counties increases.

The DSB Independent Living Program for Older Adults Who Are Blind is currently funded by a federal grant and matching state funds. This program received expansion budget funds for the in State Fiscal Year 2007-2008. The additional funding has enabled DSB to add three Independent Living Rehabilitation Counselors, and one Assistive Technology Instructor position with remaining money going to case services. DSB did not receive the full amount of expansion budget funds requested. Given that the major causes of vision loss - cataracts, macular degeneration, glaucoma, and diabetic retinopathy become more prevalent among older people, DSB expects the need for the specialized services and training it provides to grow as the aging population in the state increases.

## **Appendix**

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**The Maturing of America-North Carolina Survey Responses**

**References for Gaston County Profile**

## The Maturing of America - North Carolina Survey Responses

Number of counties/municipalities responded =64	% of Local Government Role (Check all applicable)					
	Is available regardless of provider	Provides programs	Funds all or part of the program	Publicizes programs	Partner in program	No role
<b>HEALTH CARE PROGRAMS/SERVICES FOR OLDER ADULTS</b>						
Access to healthcare services that meet a range of needs	87.50	17.19	29.69	20.31	12.50	35.94
Access to prescription programs that meet a range of needs	78.13	10.94	20.31	18.75	7.81	39.06
Transportation to and from medical appointments	87.50	25.00	43.75	25.00	9.38	26.56
Wellness	81.25	25.00	42.19	18.75	9.38	23.44
Preventive screenings	85.94	26.56	26.56	25.00	7.81	29.69
Immunizations	85.94	25.00	26.56	29.69	6.25	32.81
Communal meals	87.50	25.00	45.31	26.56	14.06	21.88
Nutrition programs/services	82.81	21.88	40.63	25.00	6.25	37.50
Meals delivered to home	92.19	17.19	37.50	25.00	10.94	29.69
<b>EXERCISE PROGRAMS/SERVICES FOR OLDER ADULTS</b>						
Exercise classes tailored to specific health concerns such as arthritis, heart disease	81.25	29.69	39.06	25.00	6.25	26.56
Local parks and other venues that have safe, accessible walking/biking trails	92.19	57.81	48.44	31.25	7.81	6.25
<b>TRANSPORTATION PROGRAMS/SERVICES FOR OLDER ADULTS</b>						
Public transportation to and from senior centers, adult day services, grocery stores, etc.	87.50	29.69	45.31	35.94	6.25	26.56
Discounted taxi cab and /or bus fares	28.13	14.06	14.06	9.38	1.56	43.75
Dial-a-ride (eg. door-to- door paratransit)	43.75	15.63	20.31	14.06	3.13	42.19
Road design that meets the needs of older drivers (e.g. left turn lanes, road markings)	40.63	10.94	12.50	0.00	7.81	40.63
Road signage that meets the needs of older drivers (e.g. large signs)	20.31	9.38	6.25	0.00	0.00	48.44
Side walks and street crossings that are safe and accessible for older pedestrians (e.g. flashing walk signs, sidewalk bumpouts)	53.13	20.31	14.06	0.00	7.81	34.38
Sidewalk system linking residences and essential services	40.63	15.63	14.06	0.00	3.13	31.25
<b>PUBLIC SAFETY/EMERGENCY SERVICES</b>						
Elder abuse/neglect identification	73.44	26.56	31.25	18.75	14.06	17.19
Elder abuse/neglect prevention	68.75	23.44	29.69	15.63	9.38	20.31
Neighborhood watch programs	85.94	28.13	18.75	17.19	14.06	14.06
Plans for evacuation of older adults in the event of a natural disaster or homeland security agent	87.50	32.81	26.56	21.88	31.25	9.38
Emergency energy assistance program	78.13	20.31	18.75	28.13	20.31	25.00

## The Maturing of America - North Carolina Survey Responses

Number of counties/municipalities responded =64	% of Local Government Role (Check all applicable)					
	Is available regardless of provider	Provides programs	Funds all or part of the program	Publicizes programs	Partner in program	No role
<b>PUBLIC SAFETY/EMERGENCY SERVICES</b>						
Knowledge of where older adults reside so services can be provided in severe weather or other situations that prevent residents from leaving their homes	79.69	29.69	28.13	17.19	20.31	17.19
Specialized training for staff in dealing with older adults	62.50	28.13	32.81	12.50	4.69	26.56
<b>HOUSING</b>						
Home maintenance/repair assistance and modification of existing home to accommodate the needs of older adults	79.69	18.75	28.13	23.44	23.44	18.75
Modification of service delivery to meet the needs of older adults (eg. Backyard trash collection)	60.94	35.94	17.19	9.38	4.69	26.56
Subsidized housing	68.75	7.81	7.81	15.63	14.06	35.94
<b>TAXATION/FINANCE</b>						
Property tax relief for older adults on limited incomes	76.56	31.25	17.19	23.44	14.06	25
Assistance with preparation of tax forms	68.75	17.19	10.94	18.75	18.75	34.38
Education and information about financial fraud and predatory lending	67.19	14.06	10.94	18.75	14.06	34.38
<b>WORKFORCE DEVELOPMENT</b>						
Job retraining opportunities	78.13	10.94	12.5	15.63	20.31	32.81
Flexible job opportunities	46.88	14.06	10.94	10.94	6.25	45.31
<b>CIVIC ENGAGEMENT/VOLUNTEER OPPORTUNITIES</b>						
Discounts for older adults who want to take classes at local colleges/universities	65.63	9.38	6.25	18.75	7.81	48.44
Senior Corps programs	60.94	9.38	14.06	15.63	15.63	35.94
Civic engagement/volunteer opportunities that use all adults, including older adults	70.31	23.44	18.75	17.19	9.38	26.56
<b>AGING/HUMAN SERVICES/PROGRAMS FOR OLDER ADULTS</b>						
In-home support services that enable older adults to live independently	78.13	29.69	42.19	26.56	4.69	31.25
Single point entry of services	35.94	15.63	20.31	14.06	3.13	42.19

## The Maturing of America - North Carolina Survey Responses

Number of counties/municipalities responded =64		% of Local Government Role (Check all applicable)				
POLICIES/GUIDELINES	Local government in place	Local government not in place	Local government is considering	No response		
Zoning requirements that support the development of active older adult communities	39.06	39.06	9.38	12.5		
Building codes that support the development of assisted living facilities	67.19	20.31	3.13	9.38		
Zoning requirements, subdivisions requirements or building codes that promote/support other senior housing options	51.56	29.69	7.81	10.94		
Planning process that considers the needs of older adults	45.31	32.81	10.94	10.94		
Community design/redesign that supports walkability	39.06	26.56	20.31	14.06		
<b>DEMOGRAPHICS</b>						
What age description does your local government use to identify "older adults"	53.13 (60 years)					
	26.56 (65+ years)					
	10.94 (other)					
	9.38 (No response)					
Is your community experiencing any in-migration?	90.63 (Yes)					
	9.38 (No)					
	64.06 (In-migration of older adults)					
	64.06 (In-migration of minorities)					
Is your community experiencing any out-migration?	17.19 (Yes)					
	71.88 (No)					
	10.94 (No response)					
	3.13 (Out-migration of older adults)					
	0.0 (Out-migration of minorities)					



## The Maturing of America - North Carolina Survey Responses

Number of counties/municipalities responded =64	% of Local Government Role (Check all applicable)					
DEMOGRAPHICS	Yes	No	No response			
In the past 3 years, has your local government solicited information from older adults to determine their needs (surveys, assessments)?	46.88	48.44	4.69			
Has your local govt. begun to plan for growing senior population in your community?	53.13	43.75	3.13			
Does your local govt. have an advisory board or other mechanisms for older adult members to participate in planning for programs and/or services that benefit them?	59.38	39.06	1.56			
Which of the following best describes your community?	26.56 (Urban)					
	54.69 (Rural)					
	4.69 (Inner suburb)					
	10.94 (Outer suburb)					
	3.13 (No response)					
Which of the following best describes your local government's current economic condition?	6.25 (Rapid expansion)					
	25.00 (Moderate growth)					
	34.38 (Slow growth)					
	9.38 (No real growth or decline)					
	12.50 (Slow decline)					
	3.13 (Moderate decline)					
	1.56 (Rapid decline)					
	7.81 (No response)					
REFERENCE						
Survey conducted through partnership of						
National Association of Area Agency on Aging						
International City/County Management Association						
The National Association of Counties						
Natioanal League of Cities and Partners for Livable Communities						

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